



SLEEP - PET

SLEEP HABITS QUESTIONNAIRE

ID NUMBER:

FORM CODE:

DATE: 09/27/2016
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: //
Month Day Year

0b. Staff ID:

1a. At what time do you usually FALL ASLEEP on weekdays or your work days?

:
Hour Min

1b. At what time do you usually FALL ASLEEP on weekends or your non-work days?

:
Hour Min

2. How many minutes does it usually take you to fall asleep at bedtime? _____

3a. At what time do you usually WAKE UP on weekdays or your work days?

:
Hour Min

3b. At what time do you usually WAKE UP on weekends or your non-work days?

:
Hour Min

4. How many hours of sleep do you usually get at night (or your main sleep period) on weekdays or workdays? _____

5. How many hours of sleep do you usually get at night (or your main sleep period) on weekends or your non-work days? _____

6. During a usual week, how many times do you nap for 5 minutes or more? (*Write in "0" if you do not take any naps.*) _____

Please indicate how often you experience each of the following. *(Check one box for each item.)*

7a. Have trouble falling asleep.

- 1 Never (0)
- 2 Rarely (1/month or less)
- 3 Sometimes (2-4/month)
- 4 Often (5-15/month)
- 5 Almost Always (16-30/month)

7b. Wake up during the night and have difficulty getting back to sleep.

- 1 Never (0)
- 2 Rarely (1/month or less)
- 3 Sometimes (2-4/month)
- 4 Often (5-15/month)
- 5 Almost Always (16-30/month)

7c. Wake up too early in the morning and be unable to get back to sleep.

- 1 Never (0)
- 2 Rarely (1/month or less)
- 3 Sometimes (2-4/month)
- 4 Often (5-15/month)
- 5 Almost Always (16-30/month)

7d. Feel unrested during the day, no matter how many hours of sleep you had.

- 1 Never (0)
- 2 Rarely (1/month or less)
- 3 Sometimes (2-4/month)
- 4 Often (5-15/month)
- 5 Almost Always (16-30/month)

7e. Feel excessively (overly) sleepy during the day.

- 1 Never (0)
- 2 Rarely (1/month or less)
- 3 Sometimes (2-4/month)
- 4 Often (5-15/month)
- 5 Almost Always (16-30/month)

7f. Do not get enough sleep.

- 1 Never (0)
- 2 Rarely (1/month or less)
- 3 Sometimes (2-4/month)
- 4 Often (5-15/month)
- 5 Almost Always (16-30/month)

7g. Take sleeping pills or other medication to help you sleep.

- 1 Never (0)
- 2 Rarely (1/month or less)
- 3 Sometimes (2-4/month)
- 4 Often (5-15/month)
- 5 Almost Always (16-30/month)

Questions 8 through 16 are about snoring and breathing during sleep. To answer these questions, please consider both what others have told you AND what you know about yourself.

8. Have you ever snored (now or at any time in the past)?

- 1 Yes
- 0 No **GO TO ITEM 14**
- Don't know (*GO TO ITEM 14*)

9. How often do you snore now? (*Check one.*)

- 0 Do not snore any more **GO TO ITEM 13**
- 1 Rarely - less than one night a week
- 2 Sometimes - 1 or 2 nights a week
- 3 Frequently - 3 to 5 nights a week
- 4 Always or almost always - 6 or 7 nights a week.
- Don't know

10. How loud is your snoring? (*Check one.*)

- 1 Only slightly louder than heavy breathing
- 2 About as loud as mumbling or talking
- 3 Louder than talking
- 4 Extremely loud - can be heard through a closed door.
- Don't know

11. For how many years have you been snoring? _____ (*number of years*) OR

- Don't know

12. Is your snoring: (*Check one.*)

- 1 Increasing over time?
- 2 Decreasing over time?
- 3 Staying the same?
- Don't know

13. Have you ever had surgery as treatment for your snoring?

- 1 Yes
- 0 No

14. Are there times when you stop breathing during your sleep?

- 1 Yes
- 0 No **GO TO ITEM 16a**
- Don't know (*GO TO ITEM 16a*)

15. How often do you have times when you stop breathing during your sleep?

- 1 Rarely - less than one night a week
- 2 Sometimes - 1 or 2 nights a week
- 3 Frequently - 3 to 5 nights a week
- 4 Always or almost always - 6 or 7 nights a week
- Don't know

16a. Have you ever been told by a doctor that you had sleep apnea (a condition in which breathing stops briefly during sleep)?

- 1 Yes
- 0 No **GO TO ITEM 17**
- Don't know (*GO TO ITEM 17*)

16b. Since you had your SHHS sleep test, have you been treated for sleep apnea?

- 1 Yes
- 0 No **GO TO ITEM 16j**
- Don't know (*GO TO ITEM 17*)

If yes, what treatment(s) were prescribed?:

16c. Lose weight 1 Yes 0 No

16d. Reduce/stop drinking 1 Yes 0 No

16e. Change sleeping position
(sleep on side instead of back) 1 Yes 0 No

16f. Use a mouthpiece 1 Yes 0 No

16g. CPAP/BiPAP/ASV 1 Yes 0 No

16h. Surgery (including laser) 1 Yes 0 No

16i. Other 1 Yes 0 No **GO TO ITEM 17**

16i1. Specify: _____

16j. If you were not treated, why not?

1 Doctor did not think necessary **GO TO ITEM 17**

2 I did not want treatment **GO TO ITEM 17**

3 Other 16j1. Specify: _____

17. Do you usually use oxygen therapy (oxygen delivered by a mask or nasal cannula) during your sleep?

1 Yes

0 No

In the past year, how often, on average, have you been awakened with the following?

18a. Coughing or wheezing

1 Never (0)

2 Rarely (1/month or less)

3 Sometimes (2-4/month)

4 Often (5-15/month)

5 Almost Always (16-30/month)

18b. Chest pain or tightness

1 Never (0)

2 Rarely (1/month or less)

3 Sometimes (2-4/month)

4 Often (5-15/month)

5 Almost Always (16-30/month)

18c. Shortness of breath

- 1 Never (0)
- 2 Rarely (1/month or less)
- 3 Sometimes (2-4/month)
- 4 Often (5-15/month)
- 5 Almost Always (16-30/month)

18d. Sweats or hot flashes

- 1 Never (0)
- 2 Rarely (1/month or less)
- 3 Sometimes (2-4/month)
- 4 Often (5-15/month)
- 5 Almost Always (16-30/month)

18e. Noise in your surroundings

- 1 Never (0)
- 2 Rarely (1/month or less)
- 3 Sometimes (2-4/month)
- 4 Often (5-15/month)
- 5 Almost Always (16-30/month)

18f. Pain in your joints, muscles, or back

- 1 Never (0)
- 2 Rarely (1/month or less)
- 3 Sometimes (2-4/month)
- 4 Often (5-15/month)
- 5 Almost Always (16-30/month)

18g. Heartburn or indigestion

- 1 Never (0)
- 2 Rarely (1/month or less)
- 3 Sometimes (2-4/month)
- 4 Often (5-15/month)
- 5 Almost Always (16-30/month)

18h. Leg cramps or leg jerks

- 1 Never (0)
- 2 Rarely (1/month or less)
- 3 Sometimes (2-4/month)
- 4 Often (5-15/month)
- 5 Almost Always (16-30/month)

18i. Need to go to the bathroom

- 1 Never (0)
- 2 Rarely (1/month or less)
- 3 Sometimes (2-4/month)
- 4 Often (5-15/month)
- 5 Almost Always (16-30/month)

19. During the past year, how often have one or more members of your household been in or near the room where you have slept?

- 1 Never
- 2 Sometimes
- 3 Usually